## UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

In Re:

Jan Patrick Mitchell 9623 Walnut Street

Unit 8101

Dallas, TX 75243

SSN: XXX-XX-5412

Saundra Gail Mitchell 9623 Walnut Street Unit 8101

Dallas, TX 75243 SSN: XXX-XX-8817

**Debtor(s)**:

TO: Wingate HOA

Bankruptcy Case: 10-44282 btr

Chapter 13

## NOTICE OF FILING CLAIM

Pursuant to Bankruptcy Rule 3004, you are hereby notified that a claim has been filed on your behalf by the Debtor/Trustee as shown on the attached copy.

JEANNE HENDERSON CLERK OF THE COURT

BY: <u>Handa Harpin</u> Deputy Clerk

Date Mailed: May 12, 2011

B 10 (Official Form 10) (04/07)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS				PROOF OF CLAIM	
Name of Debtor  Jan Patrick Mitchell & Saundra Gail Mitchell  Case 10-			mber 282-R		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property):		□ Check	box if you are aware that anyone else has filed a proof of ating to your claim. Attach copy of statement giving		
Name and address where notices should be sent: c/o SVI Management Corp. 9625 Wendell Dallas, TX 75243		bankruptc	box if you have never received any notices from the cy court in this case.  box if the address differs from the address on the envelope	THIS SPACE IS FOR COURT USE ONLY	
Telephone number:			ou by the court.	606N. 31	
Last four digits of accour identifies debtor: 810		Check her if this clai	im   amends a previously filed claim, dated:		
1. Basis for Claim  Goods sold	<ul> <li>Personal injury</li> </ul>	y/wrongful (	below)		
☐ Services performed	□ Taxes Last four digits of yo			or SS #: for services performed	
☐ Money loaned	□ Retiree benefits as defined in 11 U.S.C. § 1114(a)		·		
U Money loaned	✓ Other H/O I	Assoc. F	Fees From to	(date)	
2. Date debt was incurred:		· · · · · · · · · · · · · · · · · · ·	3. If court judgment, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.  Secured Claim					
Unsecured Nonpriorit	ty Claim \$	1	Check this box if your claim is secured by collateral (including a right of setoff).		
☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			Brief Description of Collateral:  Real Estate  Motor Vehicle		
Unsecured Priority Clai	im		Value of Collateral: \$ 70,000.00		
☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.		ı is	Amount of arrearage and other charges at time case filed included in secured claim, if any: \$1,200.00		
Amount entitled to priority \$					
Specify the priority of the claim:			□ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).		
	oligations under 11 U.S.C. § 507(a)(1)(A) or (a		☐ Taxes or penalties owed to governmental units - 11 U.S.	.C. § 507(a)(8).	
□ Wages, salaries, or commissions (up to \$10,950),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		•	Other – Specify applicable paragraph of 11 U.S.C. § 507(a)().  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with		
☐ Contributions to an en	employee benefit plan - 11 U.S.C. § 507(a)(5).	).	*Amounts are subject to adjustment on 4/1/10 and every respect to cases commenced on or after the date of adjustment		
5. Total Amount of Claim at Time Case Filed:   (unsecured		(unsecured)		1,200.00 (total)	
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
	int of all payments on this claim has been cred	dited and de	educted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY	
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date	Sign and print the name and title, if any, of of power of attorney, if any):	the creditor	r or other person authorized to file this claim (attach copy		
05/11/2011					